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Bib Data Sheet

CONFIRMATION NO. 8289

SERIAL NUMBER 10/706,791	FILING DATE 11/12/2003 RULE	CLASS 435	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. AM101119
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APPLICANTS

Christopher William Aston, Brooklyn, NY;

W Jessica Eden Malberg, Robbinsville, NJ;
 Xavier Zafar Khawaja, Yardley, PA;

** CONTINUING DATA *****

h This appln claims benefit of 60/426,472 11/14/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 12	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>W</i>	Initials	

ADDRESS
 25291
 WYETH
 PATENT LAW GROUP
 5 GIRALDA FARMS
 MADISON , NJ
 07940

TITLE
 Methods and compositions for treating neurological disorders

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)